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Bib Data Sheet

CONFIRMATION NO. 6032

SERIAL NUMBER 10/803,726	FILING DATE 03/18/2004 RULE	CLASS 007	GROUP ART UNIT 3723	ATTORNEY DOCKET NO. QUE03 P-301
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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 06/03/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Allowance <input checked="" type="checkbox"/> Met after	STATE OR COUNTRY	SHEETS	TOTAL	INDEPENDENT
Verified and Acknowledged	Examiner's Signature Initials				MI	DRAWING	CLAIMS	CLAIMS
						9	58	4

ADDRESS

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TITLE

Handheld multi-tool

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT RECEIVED 770	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other
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